

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	SL		11-23-01
<b>O.I.P.E. CLASSIFIER</b>		49	12/17/01
<b>FORMALITY REVIEW</b>	MHM	572	01-16-02
<b>RESPONSE FORMALITY REVIEW</b>	CG	536	01/01/02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date	
Final	Original	Date
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Claim	Date	
Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional she t h re

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7784/2  
373 / 11/17